Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
     (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officelholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER 1343185
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   BERT PERELLO CITY COUNCIL 2013

   STREET ADDRESS (NO P.O. BOX)
   2391 REDWING LANE
   OXNARD CA 93036

   Mailing Address
   CITY: OXNARD
   STATE: CA
   ZIP CODE: 93036
   AREA CODE/PHONE: 805-988-6141

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on 1/1/2013
   Date

   Executed on 4/20/2013
   Date

Treasurer(s)

   NAME OF TREASURER
   JOHN TOLIAN

   MAILING ADDRESS
   2322 NORTHSTAR WAY
   OXNARD CA 93036
   PHONE: 805-248-3640

   NAME OF ASSISTANT TREASURER, IF ANY
   BERT PERELLO

   MAILING ADDRESS
   2391 REDWING LANE
   OXNARD CA 93036
   PHONE: 805-988-6141

   OPTIONAL: FAX / E-MAIL ADDRESS

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BERT PERELLO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY COUNCIL; CITY OF OXNARD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2391 REDWING LANE</td>
<td>OXNARD, CA 93036-6164</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
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<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$7,045</td>
<td>$5,080</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$3,080</td>
<td>$5,080</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$10,194</td>
<td></td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$3,955</td>
<td></td>
</tr>
<tr>
<td>7. Loans Made</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$3,995</td>
<td></td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$3,955</td>
<td></td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$605</td>
<td></td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td></td>
<td>$10,125</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td></td>
<td>$3,955</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$6,775</td>
<td></td>
</tr>
</tbody>
</table>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td></td>
<td>$5,080</td>
</tr>
</tbody>
</table>
Schedule A  
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
BERT PERELLO

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/17/2013</td>
<td>SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 721</td>
<td></td>
<td>☑ IND</td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>2/7/2013</td>
<td>MICHAEL BARBARINE</td>
<td>☑ IND</td>
<td></td>
<td>25</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>4/8/2013</td>
<td>BERT PERELLO</td>
<td>☑ IND</td>
<td>MAIL CARRIER/USPS</td>
<td>920</td>
<td>920</td>
<td></td>
</tr>
<tr>
<td>4/11/2013</td>
<td>BERT PERELLO</td>
<td>☑ IND</td>
<td>MAIL CARRIER/USPS</td>
<td>1000</td>
<td>1920</td>
<td></td>
</tr>
<tr>
<td>4/18/2013</td>
<td>FRED ROSEMUND</td>
<td>☑ IND</td>
<td>ATTORNEY/SELF EMPLOYED</td>
<td>1000</td>
<td>1000</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL$** 3445

Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .......................................................... $ 7045
2. Amount received this period – unitemized monetary contributions of less than $100 ................ $ 0
3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................. TOTAL $ 7045

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FFPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Schedule A (Continuation Sheet)**

**Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/18/2013</td>
<td>BERT PERELLO 2391 REDWING DRIVE OXNARD, CA 93036</td>
<td>☑IND COM</td>
<td>MAIL CARRIER/USPS</td>
<td>3000</td>
<td>4920</td>
<td></td>
</tr>
<tr>
<td>4/18/2013</td>
<td>JOHN TOLIAN 2322 NORTHSTAR WAY OXNARD, CA 93036</td>
<td>☑IND COM</td>
<td>RETIRED</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>4/19/2013</td>
<td>CHARLES BAUMAN 2105 NORMA STREET OXNARD, CA 93036</td>
<td>☑IND COM</td>
<td>RETIRED</td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 3600**

*Contributor Codes

- IND – Individual
- COM – Recipient Committee
  (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

---

**FPPC Form 460 (January/05)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule B – Part 1
Loans Received

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period

from 1/1/2013
through 4/20/2013

NAME OF FILER

BRTY PERELLO

I.D. NUMBER

1343185

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

BERT PERELLO
2391 REDWING LANE
OXNARD, CA 93036

IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

MAIL CARRIER/USPS

(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD

$ 2000

(b) AMOUNT RECEIVED THIS PERIOD

$ 5080

(c) AMOUNT PAID OR FORGIVEN THIS PERIOD

$ 1080

$ 5080

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

$ 920

(e) INTEREST PAID THIS PERIOD

$ 2000

(f) ORIGINAL AMOUNT OF LOAN

$ 5080

(g) CUMULATIVE CONTRIBUTIONS TO DATE

DATE DUE

10/2/2012

DATE INURRED

CALANDER YEAR

PER ELECTION **

<table>
<thead>
<tr>
<th>IND</th>
<th>COM</th>
<th>OTH</th>
<th>PTY</th>
<th>SCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

SUBTOTALS $ 5080 $ 2000 $ 3080 $ 0

Schedule B Summary

1. Loans received this period ......................................................... $ 5080
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ........................................... $ 2000
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) .................. NET $ 3080
   (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Contribution Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPCC Form 460 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
**Schedule C**  
Nonmonetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/8/2013</td>
<td>GERARD KAPUSCIK 3625 LOMA VIATA ROAD VENTURA, CA 93003</td>
<td>☑ IND</td>
<td>PUBLIC RESOURCE AGENCY MANAGEMENT</td>
<td>GIS BASE MAPS FOR OXNARD ELECTORAL DIST</td>
<td>69</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ OTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ SCC</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Attach additional information on appropriately labeled continuation sheets.**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.  
   (Include all Schedule C subtotals.) ................................................................. $ 69
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ........................................ $ 0
3. Total nonmonetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ......................... TOTAL $ 69

---

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**FPPC Form 460 (January/05)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Schedule E Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period

from 1/1/2013 through 4/20/2013

Page 3 of 9

**NAME OF FILER**

BERT PERELLO

**I.D. NUMBER**

1343185

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **OMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **RND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/spONSor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA SECRETARY OF STATE POLITICAL REFORM DIVISION PO BOX 1487 SACRAMENTO, CA 95812</td>
<td>FIL</td>
<td>FEE FOR FILING</td>
<td>50</td>
</tr>
<tr>
<td>VANGUARD PRINT DESIGN 220 BERNOLLI CIRCLE OXNARD, CA 93030</td>
<td>LIT</td>
<td>PRINTING</td>
<td>1998</td>
</tr>
<tr>
<td>HARLAN CLARK SAN ANTONIO, TX78249</td>
<td>OFC</td>
<td>PRINTING CHECKS</td>
<td>17</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL $** 2065

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 3955
2. Unitemized payments made this period of under $100 ............................................................................................... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e.).) ................................ $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .......... TOTAL $ 3955

FPCC Form 460 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

STATEMENT COVERS PERIOD

Form 460

CALIFORNIA

From 1/1/2013

Page 9 of 9

Through 4/20/2013

I.D. NUMBER

BERT PERELLO

1343185

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- PRT: print ads
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- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: t.v. or cable airtime and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/sponsor
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
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<td>CNS</td>
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<tr>
<td>CHRISTOPHER KAPUSCIK</td>
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<tr>
<td>3625 LOMA VISTA ROAD</td>
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<td>VENTURA, CA 93003</td>
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<td>81 SAN BERNABE DRIVE</td>
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<td>MONTEREY, CA 93940</td>
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $1890